



**2017/18 RENEWAL APPLICATION FOR PARTIAL TAX EXEMPTION  
FOR REAL PROPERTY OF SENIOR CITIZENS  
AND FOR ENHANCED SCHOOL TAX RELIEF (STAR) EXEMPTION  
(APPLICATION MUST BE FILED NO LATER THAN MARCH 1, 2017)**

Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Alt. Contact Name \_\_\_\_\_

Tax Map No.: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Alt. Contact Phone # \_\_\_\_\_

1. Since filing your application last year, has there been any changes in:
- a. title to the property (*due to death, addition or deletion of owner*) Yes ☐ No ☐  
If ownership to the property has changed to a Trust, ALL pages of the trust must be submitted.
  - b. legal residence or occupancy of the property (*e.g. confinement of owner in hospital or nursing home, divorce, legal separation or abandonment by spouse*) Yes ☐ No ☐
  - c. use of residence for other than residential purposes (*store, office, farm, etc.*) Yes ☐ No ☐
2. Does a child (or children), including those of tenants living on the premises, attend public school grades K through 12? Yes ☐ No ☐ If yes, give the name(s), age(s) and location of the school or schools.  
\_\_\_\_\_
3. Does anyone else, other than the owner(s) reside at the premise? Yes ☐ No ☐  
**IF YES, YOU MUST PROVIDE NAMES, AGES AND MONTHLY CONTRIBUTIONS TO THE HOUSEHOLD.**  
\_\_\_\_\_
4. Will the owner or resident spouse file a federal or New York State income tax return for 2016?

YES ☐ NO ☐

**If YES, attach a copy of your income tax return**

4a. The income of each owner and spouse of each owner for 2016 must be set forth on the following page, unless an owner is absent from the residence due to divorce, legal separation or abandonment (proof of which must be submitted). Attach additional sheets if necessary. Income does NOT include gifts, inheritances, a return of capital, proceeds of a reverse mortgage (although interest or dividends realized from the investment of such proceeds are income), reparation payments to victims of Nazi persecution, or monies earned through employment in the Federal Foster Grandparent Program. Note that if your income exceeds \$37,399 and is less than \$86,000, your application will be considered for enhanced STAR purposes.

**(SEE OTHER SIDE) OVER**

**Failure to submit proof of the following with your application is a ground for denial**

**STATEMENT OF INCOME**

PROOF NEEDED BY  
 MARCH 1, 2017

**ALL pages of the 2016 Federal and State Income Tax Returns with ALL Schedules must be submitted with this application. If you are not required to file a return, you may be required to submit a copy of the last return filed.**

SOURCES OF INCOME OF ALL OWNERS	AMOUNT
Social Security - Applicant ( <i>A copy of SSA - 1099 for 2016</i> )	
Social Security - Spouse ( <i>A copy of SSA - 1099 for 2016</i> )	
Salary or Wages ( <i>W-2's, 1099's from self-employment</i> )	
Taxable and Non -Taxable Interest ( <i>ALL 1099's - INT &amp; year-end statements for non-taxable interest</i> )	
Taxable and Non -Taxable Dividends ( <i>ALL 1099's - DIV &amp; year-end statements for non-taxable dividends</i> )	
Alimony and/or Child Support Payments	
Business Income ( <i>Schedule C, S-Corp Tax Return with K-1 or Partnership return</i> )	
Capital Gains ( <i>Include tax deferred capital gains distributions statements</i> )	
IRA Earnings From ALL IRA's ( <i>ALL pages of the year-end statement 1/1/16 – 12/31/16</i> )	
Pension/Annuity/Retirement Plans ( <i>1099R Statements, including non-taxable Pensions</i> )	
Rental Income ( <i>Received from ALL properties</i> )	
Unemployment	
Disability/Worker's Compensation	
Income from Estates or Trusts ( <i>Estate or Trust Tax Return</i> )	
Money contributed by others living in the house towards maintenance, support or expenses	
VA and/or VA Disability Pension ( <i>Award letter</i> )	
Other sources of income	
<b>TOTAL OF ALL INCOME</b>	<b>\$</b>

PLEASE CHECK BOX AND SUBMIT COPIES OF PAYMENTS	AMOUNT
<input type="checkbox"/> Medicare Part B and Part D	
<input type="checkbox"/> Secondary health insurance ( <i>A letter from the insurance company stating amount paid for 2016</i> )	
<input type="checkbox"/> Medical Expenses ( <i>Printout from the Doctors for the year</i> )	
<input type="checkbox"/> Prescription Drugs ( <i>Printouts from pharmacies for the year, 1/1/16 – 12/31/16. ALL pages.</i> )	
<input type="checkbox"/> Prescription eyeglasses ( <i>Receipts showing amount paid</i> )	
<input type="checkbox"/> Dental Expenses ( <i>A statement showing date, work done and amount paid</i> )	
<input type="checkbox"/> Letter from residential health care facility stating date of admission, date of discharge and un-reimbursed expenses for owner's care	
<b>TOTAL UN-REIMBURSED MEDICAL EXPENSES</b>	<b>\$</b>

**5. Certification**

I certify that all statements made on this application are true and correct to the best of my belief. I understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years and a fine of not more than \$100.

<b><u>Signature</u></b> (If more than one owner, all must sign)	<b><u>Marital Status</u></b>	<b><u>Date</u></b>
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